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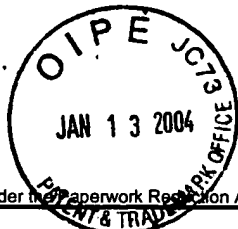
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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**



Declaration  
Submitted  
With Initial  
Filing

OR



Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)

Attorney Docket Number

10018

First Named Inventor

Nathan Snell

COMPLETE IF KNOWN

Application Number

10/692,943

Filing Date

October 24, 2003

Art Unit

Not Yet Known

Examiner Name

Not Yet Known

**I hereby declare that:**

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

*Mechanism For Dispersing Items Within  
A Liquid To Be Dispensed*

(Title of the Invention)

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY)

Oct. 24, 2003

as United States Application Number or PCT International

Application Number

10/692,943

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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## DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number: <span style="border: 1px solid black; padding: 2px 10px;">35420</span>		AND/OR <input checked="" type="checkbox"/> Correspondence address below	
Name <i>Michael P. Mazza, LLC</i>			
Address <i>686 Crescent Blvd.</i>			
City <i>Glen Ellyn,</i>		State <i>IL</i>	ZIP <i>60137</i>
Country <i>USA</i>	Telephone <i>630-858-5071</i>	Fax <i>630-858-0373</i>	
<small>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</small>			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) <i>Nathan</i>		Family Name or Surname <i>Snell</i>	
Inventor's Signature			Date
Residence: City <i>Mooreville</i>	State <i>North Carolina</i>	Country <i>USA</i>	Citizenship <i>USA</i>
Mailing Address <i>123 Broken Pine Lane</i>			
City <i>Mooreville</i>	State <i>North Carolina</i>	ZIP <i>28117</i>	Country <i>USA</i>
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) <i>Rafael M.</i>		Family Name or Surname <i>Rodriguez</i>	
Inventor's Signature			Date
R sidence: City <i>Ormond Beach</i>	State <i>Florida</i>	Country <i>USA</i>	Citizenship <i>USA</i>
Mailing Address <i>8 Arcaro Ct.</i>			
City <i>Ormond Beach</i>	State <i>Florida</i>	ZIP <i>32174</i>	Country <i>USA</i>
<input type="checkbox"/> Additional inventors or a legal representative are being named on the _____ supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.			



PTO/SB/02A (08-03)  
Approved for use through 07/31/2006. OMB 0851-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
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<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> Supplemental Sheet	Page <u>1</u> of <u>3</u>
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Todd		Krawczyk	
Inventor's Signature		Date	
Residence: City	Ormond Beach	State	Florida
		Country	USA
		Citizenship	USA
Mailing Address			
4 Arcaro Ct.			
Mailing Address			
City	Ormond Beach	State	Florida
		Zip	32174
		Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Gregory		Spencer	
Inventor's Signature		Date	
Residence: City	Montrose	State	CA
		Country	USA
		Citizenship	USA
Mailing Address			
4004 Sunset Avenue			
Mailing Address			
City	Montrose	State	CA
		Zip	91020
		Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Michael S.		Marszalec	
Inventor's Signature		Date	
Michael S. Marszalec		11/3/03	
Residence: City	Freeport	State	IL
		Country	USA
		Citizenship	USA
Mailing Address			
5667 US RTE. 20 W			
Mailing Address			
City	Freeport	State	IL
		Zip	61032
		Country	USA

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10018

PTO/SB/02A (08-03)

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<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> Supplemental Sheet
	Page <u>2</u> of <u>3</u>

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Todd		Krawczyk	
Inventor's Signature		Date	
Residence: City	Ormond Beach	State	Florida
		Country	USA
Citizenship USA			
Mailing Address			
4 Arcaro Ct.			
Mailing Address			
City	Ormond Beach	State	Florida
		Zip	32174
		Country	USA
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Gregory		Spencer	
Inventor's Signature		Date	
11/6/03			
Residence: City	Montrose	State	CA
		Country	USA
Citizenship USA			
Mailing Address			
4004 Sunset Avenue			
Mailing Address			
City	Montrose	State	CA
		Zip	91020
		Country	USA
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Michael S.		Marszalec	
Inventor's Signature		Date	
Residence: City	Freeport	State	IL
		Country	USA
Citizenship USA			
Mailing Address			
5667 US RTE 20 W			
Mailing Address			
City	Freeport	State	IL
		Zip	61032
		Country	USA

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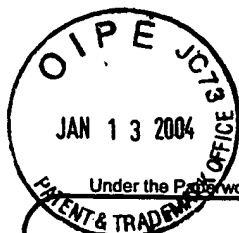
<b>DECLARATION</b>		<b>ADDITIONAL INVENTOR(S)</b> Supplemental Sheet	
		Page <u>3</u> of <u>3</u>	

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Todd		Krawczyk	
Inventor's Signature	Date		11/04/03
Residence: City	Ormond Beach	State	Florida
		Country	USA
Mailing Address	4 Arcara Ct.		
Mailing Address			
City	Ormond Beach	State	Florida
		Zip	32174
		Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Gregory		Spear	
Inventor's Signature	Date		
Residence: City	Montrose	State	CA
		Country	USA
Mailing Address	4004 Sunset Avenue		
Mailing Address			
City	Montrose	State	CA
		Zip	91020
		Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Michael S.		Marszalec	
Inventor's Signature	Date		
Residence: City	Freeport	State	IL
		Country	USA
Mailing Address	5661 US RTE. 20 W		
Mailing Address			
City	Freeport	State	IL
		Zip	61032
		Country	USA

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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	10/692,943
Filing Date	10/24/2003
First Named Inventor	Nathan Snell
Title	Mechanism for Dispensing
Art Unit	Not Yet Known
Examiner Name	Not Yet Known
Attorney Docket Number	10018

I hereby appoint:

☒ Practitioners associated with the Customer Number:

AND/OR

☐ Practitioner(s) named below:

35420

Name	Registration Number
Michael P. Mazza	34,092

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Michael P. Mazza, LLC				
Address	686 Crescent Blvd.				
Address					
City	Glen Ellyn	State	IL	Zip	60137-4281
Country	USA				
Telephone	630-858-5071	Fax	630-858-0373		

I am the:

☐ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Name	John A. Krpcek, Vice President, Elkey Mfg. Co., Water Tech Division		
Signature			
Date	12/26/03	Telephone	630-574-8484

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of \_\_\_\_\_ forms are submitted.

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